



CITY OF SAN ANTONIO

P.O. BOX 839966
SAN ANTONIO, TEXAS 78283 - 3966
Engineering and Traffic Division
Public Works Department

PROPER PROCEDURES FOR APPLYING FOR A STREET CLOSURE

1. Citizen should be aware of new ordinance #96409 establishing the fee of **\$75.00** per block per calendar day.
2. All requests should be submitted in writing to Engineering and Traffic Division **60** days before your event.
3. Citizen must date, sign, and return the Street Closure Agreement form for submission with your street closure request to City Council.
4. City staff will route request to the San Antonio Fire Department, San Antonio Police Department, and City Council for approval by ordinance.
5. The requestor will be contacted by City Staff to pay for the requested street closure Ordinance.

INFORMATION REQUIRED WITHIN LETTER FOR ALL CLOSURES

1. Purpose of temporary street closure.
2. Name of street to be closed and the names of cross streets that intersect.
3. Dates and times of beginning and ending of closure; make sure you give yourself enough time to prepare and conclude your closure.
4. Determine if anything will be sold in the city's right-of-way.
5. Acknowledgement in writing from all residents and businesses whose driveways front the street being closed, regardless if they are attending the event or not.
6. A person's name, address, and telephone number as a contact for future information.
7. Name of the Barricade Company, which will provide and setup barricades for your event (a number of local, certified, barricade companies are listed in the telephone directory).
8. The **City Council District**, which your street closure will be held in.

SEND ALL REQUESTS TO:

Public Works Department
Engineering and Traffic Division
Attn: John Rodriguez
1901 South Alamo
San Antonio, TX 78204

**STREET CLOSURE ACKNOWLEDGEMENT FORM
SAN ANTONIO POLICE DEPARTMENT**

Public Works Department
Engineering and Traffic Division
Attn: John Rodriguez
1901 South Alamo
San Antonio, TX 78204
Office: 207-7755 Fax: 207-4441

Please complete items 1-20 then forward to the above address or fax:

1. Street to be closed: _____
2. Closed from (intersecting street name): _____
To (intersecting street name): _____
3. Date to be closed: _____
4. Time to be closed: _____
5. Time to be re-opened: _____
6. Purpose of Closure: _____
7. Estimated number of people: _____
8. What will be happening in the closed area? _____
9. Will vehicles be allowed inside closure? _____
10. Applicant's name: _____
11. Applicant's address: _____
12. Applicant's telephone number: _____
13. Certified Barricade Company used for closure: _____
14. Contact person with certified barricade company: _____
15. Has a detailed traffic control plan been submitted and approved by Public Works?
(Circle one) **YES** or **NO**
16. Will off-duty Police Officers be hired for traffic control? (Circle one) **YES** or **NO**
17. Off-duty Police Officers' name: _____
18. Off-duty Police Officers' phone number: _____
19. Off-duty Police Officers' Department name: _____
20. Locations around street closure that officers will be placed: _____

I certify that the information provided above is true and correct to the best of my knowledge.

(Signature) _____ (Date) _____

▼ OFFICE USE ONLY ▼

Public Works – Engineering and Traffic Division will complete the following:

The Engineering and Traffic Division of Public Works has reviewed this document and the street requested **DOES / DOES NOT** fall under our major roadway guidelines. Based on the information currently available, the Engineering and Traffic Division **WILL / WILL NOT** recommend this closure to Council.

San Antonio Police Department - Traffic Section will complete the following:

1. Based on the information provided above the applicant **WILL / WILL NOT** need to have Off-duty Police officers assigned to work traffic around the street closure.
2. Officers will need to be placed at the following locations: _____
3. The San Antonio Police Department **DOES / DOES NOT** recommend approval of your street closure application.
Signature / Date: _____
4. Reason for denial (if applicable): _____

**ACKNOWLEDGEMENT FORM
SAN ANTONIO FIRE DEPARTMENT**

Public Works Department
Engineering and Traffic Division
Attn: John Rodriguez
1901 South Alamo
San Antonio, TX 78204
Office: 207-7755 Fax: 207-4441

Please complete items 1-7 then forward to the above address or fax:

1. Street to be closed: _____
2. Closed from (intersecting street name): _____
To (intersecting street name): _____
3. City Council District #: _____
4. Date of Closure: _____
5. Beginning Time of Closure: _____
6. Ending Time of Closure: _____
7. The persons' name and telephone number responsible for the request:
(Name) _____ (Phone #) _____

▼ OFFICE USE ONLY ▼

Public Works – Engineering and Traffic Division will complete the following:

The Engineering and Traffic Division of Public Works has reviewed this document, and the street requested **DOES / DOES NOT** fall under our major roadway guidelines. Based on the information currently available, the Engineering and Traffic Division **WILL / WILL NOT** recommend this closure to Council.

The San Antonio Fire Department will complete the following:

1. We have reviewed the site plan showing any and all obstructions on the roadway, and this site plan **WILL / WILL NOT** leave access for the 20' wide fire lane for emergency vehicle access.
2. The San Antonio Fire Department **DOES / DOES NOT** recommend approval of this street closure application.

Signature: _____

Title: _____

Date: _____

Reason for Denial (if applicable): _____

**STREET CLOSURE
ACKNOWLEDGEMENT FORM**

We, the undersigns, **APPROVE** or **DISAPPROVE** the temporary street closure of

(Street Name) _____

from (Street Name) _____

to (Street Name) _____

- This street closure is requested by _____
Located in City Council District # _____.
- We understand that during the time of closure we will be denied vehicular access to our property.
- Acknowledgment in writing from all persons whose property front the street being closed, and from those whose driveways are on that street, regardless if attending the event or not.

DO NOT SIGN BELOW IF TOP PORTION HAS NOT BEEN FILLED OUT

<u>SIGNATURE</u>	<u>ADDRESS</u>	<u>APPROVAL/DISAPPROVAL</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

STREET CLOSURE

CITY OF SAN ANTONIO
STREET CLOSURE AGREEMENT

WHEREAS, Applicant (undersigned) has requested the temporary closure of certain streets to vehicular traffic in order to hold a special event, to wit: _____ (street name)

WHEREAS, the City of San Antonio requires the execution of this agreement establishing the legal obligations of the person or organization requesting said street closure before reviewing said request;

NOW THEREFORE: The undersigned, by requesting this special use of a public right-of-way agrees to the following terms and conditions:

TERMS

1. The user organizations will provide signs, barriers, and off duty police personnel as may be required by the Police Department or the Public Works Department for the requested closure, to protect participants in the activities, or rerouted traffic.
2. Pay all fees and license charges, and be responsible for clean up afterwards.
3. Assume all risk inherent in this undertaking, and to identify and hold harmless the City of San Antonio from any and all cost, liability, or damage arising from or growing out of the requested usage.
4. A 20-foot wide unobstructed lane must be maintained through the entire length of the right-of-way closure for emergency vehicle access.
5. If the requesting party elects to set up and maintain traffic control devices (including barricades), they must comply with the training requirements of section 6A-6 of the *Texas Manual on Uniform Traffic Control Devices*.

AUTHORITY

The undersigned hereby represents and warrants that he or she has full authority to execute this agreement on behalf of the requesting party.

ACCEPTED AND AGREED TO THIS _____ day of _____, 2009.

Applicant
(Requesting Party)

BY: _____

TITLE: _____